		1000		Depart	ment of P	ublic	Hea	alth a	nd S	ocial Se	rvices	(2	
				Food E	stablis						Report Page 1	_ of _	B3	
INSPECTION RSN TYPE GRADE INSPECTION DATE					EST/	BLISH	MEN	TNAME						
Regular							ESTABLISHMENT NAME SNOW PEARL PERMIT HOLDER				26			
Follow-L	\rightarrow		RATING	2: wpm	TIME OU	''	HUANG, SHU CHEN							
Compla			A ING				LOCATION (Address)							
Investigation SANITARY PERMIT NO. 1				LOT SOUT BLOCK SOIS FC-3 DEDROO GUAN										
	STA	BLISHME	NT TYPE	AREA	TELEPHO	NE	No. o	No. of Risk Factor/Intervention Violations RISK CATEGORY						
D.	121 N	JK 51	ANO								tervention Violations	2		
		FOC	DBORNE	ILLNESS R	ISK FAC	TO	RS /	AND	PU	BLIC H	EALTH INTERVENTIONS		المالا	
			Circle design	ated compliance (IN,	OUT, N/O, N/A) for ea	ach nur	nbered i	lem.	Mark "X" In	appropriate box for COS and/or R.			
_	-	pliance OU e Status	T = Not in complia	nce N/O = Not obser			Cable PTS		200	nce Status		Dement	_	
Comp	Idilo	Guada	Sup	ervision	1000		10			Po	tentially Hazardous Food (TCS Food)	,00 ₁ 10		
1 IN	6ú	0	_	present, demonstrate	s V		6				Proper cooking time and temperatures		6	
				performance duties	IV.			17			Proper reheating procedures for hot holding Proper cooling time and temperature		6	
2 IN	OU	>		areness; policy presen	t		6	19			Proper hot holding temperatures	_	6	
	OUT	r		orting, restriction & ex	clusion		6	20	IN C	DUT WAY	Proper cold holding temperatures		6	
				enic Practices		5115		21	IN C	DUT WAN N/C	Proper date marking and disposition		6	
4 10	OUI	N/A N/O	Proper eating, tas tobacco use	sting, drinking, betelnu	it, or		6				Consumer Advisory			
5 1	OUI	N/A N/O		n eyes, nose, and mo	uth		6			0				
	_			amination by Han	ds			22	IN C	OUT (IA)	Consumer Advisory provided for raw or undercooked foods		6	
-	_		Hands clean and	properly washed stact with ready-to-eat	foods or		6		_		Highly Susceptible Populations			
7 IN	OUT	N/A N/O	,	te method properly foll			6	00	T	-6	Pasteurized Foods used; prohibited foods not		T	
8 IN	60		Adequate handwa	ashing facilities suppli			6	23	IN C	DUT (N/A)	offered		6	
			accessible	ed Source			Ľ		_		Chemical	_	-	
9 7	2 _{OU1}			om approved source	$\overline{}$		6	24	IN C	OUT (A)	Food additives: approved and properly used		6	
			The second secon	proper temperature	A 14 1	Suspe	6	251	N) o	HIT	Toxic substances properly identified, stored,		-	
11	001			dition, safe, and unad			6	25	2		used		6	
12 IN	OUT	N/O	Required records parasite destructi	available: shellstock t	tags,		6				formance with Approved Procedures Compliance with variance, specialized	_	-	
				on Contamination				26	IN C	OUT WAS	process, and HACCP plan		6	
13 10			Food separated a	ind protected			6		Ris	sk factors ar	re Improper practices or procedures identified as	he most	_	
14 TO OUT N/A			t surfaces: cleaned & sanitized			6	prevalent contributing factors of foodborne illness or injur			buting factors of foodborne illness or injury. Publ	ic Health	,		
15 Out Proper disposition of returned, previously served, reconditioned, and unsafe food						6	interventions are control measures to prevent foodborne Illness or injury.							
75.0		- A			GOOD	REI	ΓAIL	.PR/	ACT	TICES			100	
200					measures to co	ontrol ti	he intro	duction	of pat	hogens, che	micals, and physical objects into foods.			
		X" in box: If r	numbered item is r	not in compliance and/			COS			n-site during nce Status	inspection R = Repeat violation PTS = Dem	erit point		
Comp	lanc	e Status	Safe Foo	d and Water	Juos	I K	FIS	Con	ihiiai	nce status	Proper Use of Utensils	OS R	IFIG	
27 Pasteurized eggs use			the same of the sa				1	40	T	In-use uten	sils: properly stored	١, .	1	
28	28 Water and Ice from a		e from approved s	oved source			2	41			quipment and linens: properly stored, dried,		1	
The late of the la		dis distribution	sined for specialized processing methods			1	42		handled Single-use/	single-service articles: properly stored, used	+	1		
				erature Control		-		43		Gloves use	d properly		1	
30			_	adequate equipment f	or		1				Utensils, Equipment and Vending		i suu	
31		temperature Plant food or	control operly cooked for	hat halding		-	1	44	1		constructed, and used		1	
32			awing methods use				1	45	X		ing facilities: installed, maintained, used; test	+	1	
33	-		r provided and ac				1	46	~	Strips Nonfood-co	ontact surfaces clean	+	1	
33		THEITHOITIE		entification				40		Troniooa-cc	Physical Facilities	-	10000	
34		Food proper	y labeled; original				1	47			water available, adequate pressure		.2	
Mess.				ood Contamination	n			48			nstalled; proper backflow devices		2	
35	$\overline{}$		ints, and animals r	not present ig food peparation, sto	rana P		2	49			d wastewater properly disposed	+	2	
36		display	/	is roor baharanon, 210	raye o		1	50			ies: properly constructed, supplied, & cleaned		2	
37	_	Personal cle		VA 100 - 100		_	1	51			fuse properly disposed; facilities maintained		. 2	
38			s: properly used a ts and vegetables				1	52 53			cilities installed, maintained, and clean ventilation and lighting; designated areas use	_	1	
	read	and unde	rstand the abo	ve violation(s), an	d l am awar	e of ti	he co		me					
		arge (Print		N CHIZUC		are pl	,_ 30		- 11124		ate: 9/12/11)			
DEH In:	pect	CP I	I Sign)	4						F	pollow-up (Circle one): YES NO Foll	9w-up P	ate	
	_	J. V.				_					- 17	1		

			vision of Env					0		
26-211		Food Es			ction Report		Page 2	کبر of		
SN	HMENT NAME OW PEARI SPECTION DATE	SANITARY PERMIT NO	1	CATION (Addres	BLUCI 5013	1º C-3				
	112/17			RMIT HOLDER	SHU CHEN					
WE ST			PERATURE					7 7000		
E II	Item/Location		Temperature (° F)	Item/Location		Tempe	rature (° F)		
								T. Tr		
				3						
							_			
10.00		Carlo III						8		
			4	· ·						
					-					
ITEM NO.		OBSERVAT	IONS AND	CORRECT	IVE ACTIONS			CORRECT BY DATE		
Violation	ns cited in this rep	ort must be correct	ted within the	time frames	indicated, or as	stated in Sec	tions 8-4			
			106.11 of the (138			
		AR INSPECT								
	ASSESSMENT	CONDUCTEN	on a	123/17	REGAROIN	6 A PUI	ACH			
	INFESTATION, NO EVIDENCE OF INFESTATION WAS OBSELVIED									
					1					
	THE FOLLO	WIND WAS	OBSERV	ro:	1					
3.0				0.1-1/ 4:	F - D 654441	1111				
*1	NO CERTIFIED MANAGER ON OUTY AT BSTABLISHMENT.									
	PERSON IN CHARGE SHALL OBTAIN A MANAGER'S CERTIFICATION FROM AN APPROVED INSTITUTION AND 13E									
	PRESENT AT IESTABLISHMENT OURING OPERATION TO ENSURE									
	PROPER FOOD				No MARET	m IU				
	CUS: CIERTIFIED MANAGE ARRIVED DURING INSPECTION									
					50					
权	NO EMPLOYEE HEALTH POLICY IN PLACE,									
	AN EMPLOYEE HEALTH POLICY SHALL BE IN PLACE FO									
	ENSURIE PROPER REPORTING AND RESTRICTION/BULLUSION OF									
	SICIL EMPLOYEES.									
	37.70									
	MEDICE									
	D. COLUMN									
Based on the	inspection today, the item atory actions. If seeking to	ns listed above identify viola appeal the result of this in	ations which shall t	e corrected by th	e date specified by the D	epartment. Fallure	to comply m	nay result in		
date	arge (Print and Sign)					Date:		20.700.017		
	C(R	an cian a -	- 2				1/12/1	")		
DEH Inspecto	or (Print and Sign)	The				Date	7/12/	15		

	Department of Public Health and Social Services Division of Environmental Health	
		of 3
ESTABLISHI	MENT NAME LOCATION (Address)	_01_9
SNO	W PEARL 607 5047 BLOCK 5013 F-C-3 OTTOX	DO GUA
INSP	PECTION DATE SANITARY PERMIT NO. PERMIT HOLDER 112, 17 170001065 HUANG, SAU CHIEN	
ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
Violations	s cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-40 8-406.11 of the Guam Food Code.)5.11 and
£6	NO AUT WATER PROVIDED FOR HANDWASH SINK.	7/22/1-
	HUT WATER SHALL BE PROVIDED TO PROMOTIE PROPER	1
	HAND WASHING PRACTICES	
#38	WIPING CLOTHS IMPROPERLY STORED ON COUNTER	KMIT
	WHEN NOT IN USE, WIPING CLOTHE SHALL BE STORED IN SANITIZING SOLUTION TO PREVENT CAUSS-CONTAMINATION	
	IN SANITIZING SOLUTION TO PHENENT CAUSS - CONTAMINATION	
#45	NO TEST STRIPS PROVIDED.	8/12/17
	TEST STRIPS SHALL BE USED AND PROVIDED TO	
p.	PROMUTIE PROPER MUNITURING OF SANIFIZING SOLUTION	
	A PLALARY FO3504 RIEMWIED	
	B' PLACARD 155VED # 00672	- 100
1 1	RE-INSPECTION RIFUVEST FORM ISSUED	
	BRHZFED PIL ON ABOVE	
Based on the I	inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Fallure to comply m	av result in
further regulat date.	tory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated	
	rge (Print and Sign) C(FAV CLANGE I	m
DEH Inspector	(Print and Sign) Date: 7/12	107